

**RECEIVED
CENTRAL FAX CENTER****SEP 09 2004**

PTO/SB/97 (12-97)

Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FAX TRANSMISSION**DATE:** September 9, 2004**PTO IDENTIFIER:** Application Number 09/780,210-Conf. #6997
Patent Number**Inventor:** Monica M. Jablonski et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** EDWARDS & ANGELL, LLP

Margaret J. McLaren, Ph.D.

PHONE: (954) 667-6148**Attorney Dkt. #:** 61505(51259)**PAGES (Including Cover Sheet):** 5**CONTENTS:**Certificate of Transmission under 37 CFR 1.8 (1 page).
Revocation of Power of Attorney with New Power of Attorney and Change of
Correspondence Address (1 page).
Statement Under 37 CFR 3.73(b)
Status Inquiry (1 page) and

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (954) 667-6148 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

EDWARDS & ANGELL, LLP
P.O. Box 55874, Boston, Massachusetts 02205
Telephone: (617) 439-4444 Facsimile: (617) 439-4170

PTO/SB/97 (12-97)

Approved for use through 9/30/00. OMB 0851-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Certificate of Transmission Under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on September 9, 2004
Date


Signature

Margaret J. McLaren, Ph.D.
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Certificate of Transmission under 37 CFR 1.8 (1 page).
Revocation of Power of Attorney with New Power of Attorney and Change
of Correspondence Address (1 page).
Statement Under 37 CFR 3.73(b)
Status Inquiry (1 page) and

PTO/SB/02 (09-09)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/780,210-Conf. #6997
	Filing Date	February 9, 2001
	First Named Inventor	Monica M. Jablonski
	Art Unit	1614
	Examiner Name	Z. A. Fay
	Attorney Docket Number	61505(51259)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR
☒ I hereby appoint the practitioners associated with the Customer Number: 21874

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 21874

OR

☐ Firm or Individual Name EDWARDS & ANGELL, LLP
Margaret J. McLaren, Ph.D.

Address _____

City _____

Country _____

Telephone _____

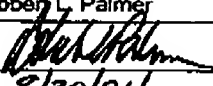
I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Robert L. Palmer

Signature 

Date 8/30/04 Telephone 901-448-7825

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted

251444_1.

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

☐ BLACK BORDERS

☒ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES

☐ FADED TEXT OR DRAWING

☒ BLURRED OR ILLEGIBLE TEXT OR DRAWING

☒ SKEWED/SLANTED IMAGES

☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS

☐ GRAY SCALE DOCUMENTS

☒ LINES OR MARKS ON ORIGINAL DOCUMENT

☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY

☐ OTHER: _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.